

Open Season TRANSPORTATION SERVICE PROVIDER (TSP)

Questionnaire

****Entire questionnaire must be completed to be considered for an interview****

Check markets applying for

<input type="checkbox"/> International Household Goods (HHG)	<input type="checkbox"/> International Unaccompanied Baggage	Domestic HHG <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/> Intrastate Only	One Time Only (OTO) <input type="checkbox"/> Boat OTO <input type="checkbox"/> Motor Home OTO
--	--	---	--

Documents need to be sent as an attachment to: army.sddc.safb.ppqual@mail.mil

- 1. Proof of when company was established**
- 2. Proof of Intrastate authority**
- 3. Proof of five years experience moving household goods in each market requested**

TSP Information

TSP Name:		Established(MMM-YY):
SCAC:	Phone:	Email:
Physical address:		
Mailing address:		
City:	State:	ZIP:
TSP President:		
FF or MC #:	Duns #:	DOT #:

List all employees

Name	Current Position	Years Experience

*** Continue in comments if necessary

List all warehouses and types/amount of equipment owned and/or leased by company

*** Continue in comments if necessary

List all local agents you are associated with			
Name	Address		Phone Number
*** Continue in comments if necessary			
List all operations that you outsource (i.e. billing, claims, customer service)			
Function	Company	Address	Phone Number
*** Continue in comments if necessary			
COMMENTS			